

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (2/98)
 Approved for use through 09/30/2000. OMB 0851-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 A collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier: IGBINADOLOR

Title: INTEGRATED CAR DUBBING SYSTEM™

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages: 45]
 (preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. 28 Drawing(s) (35 U.S.C. 113) [Total Sheets: 24]
4. Oath or Declaration [Total Pages: 02]
 - a. ☒ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
 (for continuation/divisional with Box 17 completed)
 (Note Box 5 below)
 - i. ☐ DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☒ Incorporation By Reference (useable if Box 4b is checked)
 The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
 (when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
14. ☒ Small Entity Statement(s) ☐ Statement filed in prior application.
 (PTO/SB/09-12) ☐ Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
 (if foreign priority is claimed)
16. ☐ Other:

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 29, 076, 710
 Prior application information: Examiner Nanda Bondade Group / Art Unit: 2902

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

Phillip Igbnadolor

Address

240-27 Caney Road

City

Rosedale

State

New York

Zip Code

11422

Country

U.S.A.

Telephone

(718) 978-7078

Fax

(718) 276-8273

Name (Print/Type) PHILLIP IGBINADOLOR

Registration No. (Attorney/Agent)

Signature

Phillip Igbnadolor

Date

6/20/98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**603.00****Complete if Known**

Application Number _____
Filing Date _____
First Named Inventor **PHILLIP IGBINADOLOR**
Examiner Name _____
Group / Art Unit _____
Attorney Docket No. _____

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number _____
Deposit Account Name _____

☐ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17
☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☒ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	395
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)**395.00****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
24	-20 = 4	11	44
7	-3 = 4	41	164
Multiple Dependent			

**or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 82	209 41	** Reissue independent claims over original patent
110 22	210 11	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**208.00****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,080	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	136
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Typed or Printed Name **Phillip Igbinadolor**

Signature

Phillip Igbinadolor

Date

6/20/98

Complete (if applicable)

Reg. Number

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

352250-1055160

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number		
	Filing Date		
	First Named Inventor	P. IGBINADOLOR	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	

65705 U.S. PTO
06/22/98
09/13/98

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Documents and Drawings include filed papers and drawings per Design Patent Application.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	PHILLIP IGBINADOLOR
Signature	
Date	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name	PHILLIP IGBINADOLOR		
Signature	<i>Phillip Igbinadolor</i>	Date	6/20/98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Notice of Allowability: 12/22/97
Issue Batch Number: Y76
Serial No.: 29/076,710

Attorney's Docket No. 97-0102
Client's Docket No. MHA151

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Pat. Appln. of: **PHILLIP IGBINADOLOR**
Serial No.: **29/076,710**
Filed: **9/18/97**
For: **INTEGRATED CAR DUBBING SYSTEM**

Examiner: **BONDADE, N**
Group Art Unit: **2902**
Appl't's Atty: **Ivar M. Kaardal**

Attn.: Official Draftsperson
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

SUBMISSION OF FORMAL DRAWING SHEETS

Herewith please find 3 sheet(s) of Drawings containing FIGS. 1 through 6 inclusive and having the changes required by the examiner dated 12-18-97.

Respectfully submitted,



Date: 2-6-98

Ivar M. Kaardal (Reg. No. 29,812)
KAARDAL & ASSOCIATES, P.C.
622 South Minnesota Ave., Suite 1
Sioux Falls, SD 57104-4825
(605)336-9446 FAX (605)336-1931
e-mail patent@kaardal.com

CERTIFICATE OF MAILING

I hereby certify that this document and the drawings herewith are deposited with the United States Postal Service with proper postage as First Class mail in an envelope addressed to Attn: Official Draftsperson, Assistant Commissioner for Patents, Washington, D.C. 20231, on 2-6, 1998.



Ivar M. Kaardal

POST CARD +

CHECK LIST OF DOCUMENTS

JFK AIRPORT

MAILED AT THE ~~POST OFFICE~~ STATION

OF THE U.S. POSTAL SERVICE ON

06/20/98



Title and number of each PTO form: 1 Title page and 7 PTO forms.

Number of pages of specification are 45

Statement of Federally sponsor research is 1 page

Reference to microfiche is 1 page

Cross reference of invention is 1 page - PTO form 892

Background of invention pages are 3

Brief summary of invention pages are 4

Brief description of several views pages are 14

Abstract pages are 2

Number of Claims and number of claims pages: Claims are 24 and claims pages are 2

Number of figures of drawing and number of sheets of drawing: Figures are 10

Drawings are 18

Number of sheets are 24

Type and number of other documents included are 8

Oath and declaration are included

* Submission of Amended drawing sheets per Design Patent is 1 page

* Notice of Allowance per Design Patent is 1 page

* Notice of Issue and Fee due per Design Patent is 1 page

* Design Patent Application Specification pages are 5

Declaration claiming small entity pages used previously are 3

Amount of payment and method of payment: Amount is \$603.00 in Bank's Check

* means the same as total number of other documents included which is 8

86 pages submitted altogether.